

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. _____

1. PLACE OF DEATH

County MaricopaState ARIZONARegistered No. 188

Township _____

or Village _____

City MesaNo. Southside Hospital St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. of foreign birth? 25 yrs. 25 mos. 25 ds.2. FULL NAME Willard YoungHow long in state when death occurred 25 yrs. 25 mos. 25 ds.(a) Residence: No. Gilbert, Arizona St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lillie Elizabeth Young
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 17, 18867. AGE Years 52 Months 11 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pineville (State or Country) Mo.13. NAME George W. Young14. BIRTHPLACE (city or town) Indiana (State or Country)15. MAIDEN NAME Margaret Howard16. BIRTHPLACE (city or town) Mo. (State or Country)17. INFORMANT Mrs. Elizabeth Young (Address) Gilbert, Arizona18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 12-29-3819. EMBALMER { License No. 228 Signature R. N. DeybellFUNERAL DIRECTOR Meldrum MortuaryAddress Mesa, Arizona20. Filed 1-3, 1939 Registrar John W. Deybell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1938, to Dec. 25, 1938I last saw him alive on Dec. 24, 1938; death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac hypertrophy and decompensation

Other contributory causes of importance:

Influenza 12-1-38Name of operation _____ Date of _____ clinical no

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) John W. Deybell M. D.(Address) Phoenix, Arizona